

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040223

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10099

FILED NOV 1 1962

VS 300  
Rev. 4/59

1

2 2/1

3

4 2

5 1

6

7 1

8 2

9

10

11

12 7-3

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Homer G. Phillips HospitalInside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
3943 MaffittReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

SAM

Middle

Last

GAITHER

## 4. DATE OF DEATH

Month

Day

Year

October 18, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/15/1897

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

Months

Days

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elevator Operator (Retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

Aeronautical Chart

## 11. BIRTHPLACE (City and state or country)

Macon, Tennessee

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Will Gaither

## 13b. MOTHER'S MAIDEN NAME

Emma Hunter

## 14. NAME OF HUSBAND OR WIFE

Bonnie Gaither

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes or unknown) (If yes, give war or dates of service)

Yes

WW I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Bonnie Gaither, 3943 Maffitt

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Apoplexy.

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arterio Sclerosis.

## DUE TO (c)

334X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

## 22b. ADDRESS

1300 Clark

## 22c. DATE SIGNED

10-22-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10/24/62

## 23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

## 23d. LOCATION (City, town, or county)

Jefferson Barracks, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Charles J. Gates, 4107 Finney Ave.

## 25. DATE RECD. BY LOCAL REG.

OCT 22 1962

## 26. REGISTRAR'S SIGNATURE

Helen L. Taylor, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gupton Sivan

Licensed Embalmer No. 4580

P. O. Address 4107 Sinky

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply  
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.